

UNITED STATES DEPARTMENT OF AGRICULTURE

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NATIONAL ADVISORY COMMITTEE ON

MEAT AND POULTRY INSPECTION

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SUBCOMMITTEE 1

LINKING FSIS ACTIVITIES TO ITS

PUBLIC HEALTH GOALS

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August 8, 2007

3:00 p.m.

George Mason University
3401 North Fairfax Drive
Arlington, Virginia

CHAIRMAN: MR. MARK SCHAD
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SUBCOMMITTEE MEMBERS:

MS. KIBBE CONTI
DR. JAMES DICKSON
DR. ANDREA GRONDAHL
DR. CRAIG HENRY
MS. CHERYL JONES
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DR. FAYE BRESLER
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MR. TONY CORBO
MS. MISHA JUMBALA
MR. MARK LOBSTEIN
DR. CAROL MACZKA
MR. STANLEY PAINTER
MR. BRYCE QUICK
MS. RENEE RETNER
MR. CURTIS TRAVIS
DR. DANA VETTER

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1 P-R-O-C-E-E-D-I-N-G-S

2 (3:12 p.m.)

3 MR. SCHAD: Can everybody identify
4 themselves so we know everybody's name with a face.

5 My name is Mark Schad, and I'm with Schad
6 Meats.

7 DR. HENRY: And I'm Craig Henry with
8 Grocery Manufacturers/Food Products Association.

9 MS. JONES: Cheryl Jones, Morehouse School
10 of Medicine.

11 MS. TUCKER FOREMAN: Carol TUCKER FOREMAN
12 with Consumer Federation of America.

13 DR. MURINDA: Shelton Murinda, California
14 Pomona.

15 DR. DICKSON: Jim Dickson, Iowa State
16 University.

17 MR. STROMBERG: Stan Stromberg, Oklahoma
18 Department of Agriculture.

19 MS. CONTI: Kibbe Conti, Northern Plains
20 Nutrition Consulting in South Dakota.

21 DR. GRONDAHL: Andrea Grondahl, North
22 Dakota Department of Agriculture.

1 MR. SCHAD: We have some other people from
2 the public here. Will you identify yourselves?

3 DR. VETTER: Dana Vetter, I'm a public
4 health veterinarian, representing NAFV and I also do
5 EIO work 25 percent of the time.

6 MS. JUMBALA: I'm Misha Jumbala (ph.). I'm
7 with the UPN Commission, litigation and I work with
8 food safety.

9 MR. TRAVIS: I'm Curtis Travis, a
10 statistician, consulting with the Data Analysis and
11 Integration Group.

12 DR. MACZKA: I'm Carol Maczka, the
13 Assistant Administrator of OFDER.

14 DR. CATLIN: Michelle Catlin --

15 MR. LOBSTEIN: I'm Mark Lobstein with USA
16 Poultry and Egg Export Council.

17 MR. SCHAD: Tony.

18 MR. CORBO: Tony Corbo from the consumer
19 group, Food and Water Watch.

20 MS. RETNER: Renee Retner (ph.). I'm with
21 OIG.

22 DR. BRESLER: Faye Bresler, Technical

1 Assistant to the National Advisory Committee on
2 Microbiological Criteria for Foods.

3 MR. SCHAD: And at the desk?

4 MR. PAINTER: I'm Stan Painter, and I'm the
5 Chairman of the National Joint Council on Food
6 Inspectors.

7 MR. SCHAD: And first of all, I'm just
8 going to ask that everybody turn off their cell
9 phones just so we have no problems with the
10 transcriber here today.

11 And I first want to say just to alleviate
12 any potential concern, everybody here is welcome to
13 speak. I just want to keep the discussion on going
14 and organized and I just want to be sure that the
15 Subcommittee does get their viewpoints and their
16 input in. But like I said, everybody gets their
17 chance to speak. The other thing is, every time you
18 do speak, please identify yourself and that will make
19 the transcriber's job much easier.

20 So is there any questions about the subject
21 matter before we get into answering the questions?
22 Does anybody have some additional input from the full

1 subcommittee?

2 (No response.)

3 MR. SCHAD: And I was discussing this with
4 Dr. Catlin, just a couple of minutes ago. We are
5 looking at all inspector activities in the plant, not
6 just specifically NRs even though that is one of the
7 things that the inspectors do.

8 So the first question we need to answer is,
9 what analyses or approaches would you propose to
10 determine the relationship between FSIS' inspection
11 activities and contamination rates in FSIS-regulated
12 food? For example, correlation analyses, and this is
13 what was talked about at the whole session A to B
14 where we're talking about inspection activities as
15 related to the FSIS-regulated foods.

16 DR. GRONDAHL: I do have a question for
17 Dr. Catlin. Are we also going beyond the scope as
18 far as inspection activities to other than just day-
19 to-day activities? For instance, food safety
20 assessments?

21 DR. CATLIN: Yeah, that would be great.

22 DR. GRONDAHL: Okay.

1 DR. CATLIN: Whatever you think would be
2 good analyses. We don't want to limit it at all.

3 DR. GRONDAHL: Okay.

4 MR. SCHAD: Then I'm going to ask a
5 question of Dr. Catlin. So if we thought of
6 additional activities, that inspectors might perform,
7 we can use that.

8 DR. CATLIN: That would be great.

9 MR. SCHAD: Yeah.

10 MS. TUCKER FOREMAN: Could I back up one
11 step?

12 MR. SCHAD: Will you identify yourself
13 please, Carol?

14 MS. TUCKER FOREMAN: Sorry. Carol TUCKER
15 FOREMAN, Consumer Federation. When we were speaking
16 in the other room, it occurred to me that if we knew,
17 and this has been said, this is just a way that is
18 easier for me, we knew what contribution to the
19 burden of foodborne illness was created by foods
20 regulated by FSIS, then we would know how to start
21 doing this. We don't have that information. We know
22 as everybody has said, *Salmonella* comes in lots of

1 different foods, among them poultry and ground beef.
2 So it seems to me that we've got to have some
3 database that shows what part of the burden of
4 foodborne illness is contributed by eating poultry
5 which we call food attribution data.

6 MR. SCHAD: Dr. Catlin.

7 MS. TUCKER FOREMAN: I've gone through, I
8 just needed to get that posed in that way for me to
9 be able to work back to it.

10 DR. CATLIN: That actually is one of the
11 main crux of what the whole topic is about, is how do
12 we get that link between contamination in our food
13 and the public health impact of that contamination.
14 So how do we attribute our foods to public health
15 impact? So that is actually the main question.

16 MS. TUCKER FOREMAN: Our food being FSIS
17 food, regulated food?

18 DR. CATLIN: Yes.

19 MS. TUCKER FOREMAN: Okay.

20 DR. CATLIN: Yeah, and can we get at it
21 through risk assessment or food safety objectives or
22 correlation analyses, things like that.

1 MR. SCHAD: Well, let's just open it up
2 this way. Does anybody have an idea how we can get
3 to that?

4 DR. VETTER: Dana Vetter, NAFV. I think
5 that although imperfect, there are ways to make some
6 links. If you can build upon some of the existing
7 databases with more information whereas we could see,
8 let's say -- I'll just give an example. There's
9 multiple sanitation and *Listeria* is just easy, so I'm
10 going to use it, where a plant has decided to use
11 sanitation to control *Listeria* within its
12 establishment, as its primary means to do so. And
13 that establishment has received multiple
14 noncompliances, SSOP noncompliances for whatever
15 types of failures within that program. And then as a
16 result of that, food safety assessment was initiated
17 which then resulted in an NOIE or suspension,
18 depending on the severity which then could also
19 result in what we call intensified verification
20 sampling. Where then we go in and we're finding it
21 on product. And that can be a link. All those
22 things could be linked together in that sense.

1 Now as far as linking it on a whole, I'm
2 not sure. I think cumulatively over time that might
3 be something as this goes forward and grows, but at
4 least on an individual establishment basis, I believe
5 that that linkage could be made.

6 MR. SCHAD: If I could make a request of
7 you, Dr. Vetter, maybe so we're all on the same page
8 here. Since you're a veterinarian, can you just kind
9 of tell everybody kind of a list of what --

10 DR. VETTER: What we do daily?

11 MR. SCHAD: Yeah.

12 DR. VETTER: Okay. Let me see if I can do
13 this without confusing anyone. Currently, each day
14 there's an automated system for PBIS that selects a
15 task that we are scheduled to do, the IIC or the
16 inspector vet or the inspector under us, and usually
17 that is some type of HACCP task. And it depends on
18 how many different HACCP categories you might have.
19 You might have slaughter. You might have raw not
20 ground, raw ground, and you also might have a ready-
21 to-eat. So you might get a HACCP task for each of
22 those different categories that you would do. And

1 that could consist of reviewing records where the
2 plant has documented monitoring of their CCPs,
3 reviewing corrective actions if they had some sort of
4 CCP deviation. It could be going out and watching
5 them do a monitoring activity or do a verification
6 activity. It could be going out and watching them
7 take samples within their establishment. If they're
8 doing sample for say *Listeria*, watching somebody take
9 the temperature of a cooked product, watching them
10 basically implement their food safety. So they're
11 not just watching, but going out and verifying that
12 what they said they were going to do, they are doing,
13 and that there aren't food safety issues out there.

14 If they find something where they're not
15 following their HACCP plan or instructions for how to
16 monitor CCP and you observe it and you catch it and
17 they don't, that's what we would document on a
18 noncompliance.

19 For sanitation, when it comes up on our
20 schedule, we will go out and do what's either called
21 a hands on, where we go out and we're looking at,
22 focusing primarily on private contact surface and

1 secondarily on those that are not product contact
2 surfaces, and do what's called a hands on
3 organoleptic inspection, looking for any residue and
4 sanitary conditions. And if we find it, the plant
5 doesn't catch it, but we do, then we would then
6 document that on a noncompliance. Or we might review
7 SSOP records to see, did they find noncompliances,
8 did they do appropriate corrective actions, are we
9 seeing reoccurrences or trends within those records.

10 And we also may go out and watch their QA
11 conduct pre-operational sanitation to again see, are
12 they doing what they said they would do in their
13 written program. So that's basically HACCP and
14 sanitation or SSOP. And then there's other things
15 called SPS and that's Sanitation Performance
16 Standards, and those are really things other than
17 product contact surfaces in terms of sanitation.
18 That might be pest control or it might be pipes,
19 overhead pipes. It might be shipping, the way
20 they're loading and shipping product. It could be
21 the facilities, the condition of the facilities.
22 There's a number of regs that relate specifically to

1 that.

2 And then we have what we call other
3 consumer protection. And those are things that
4 relate more to quality issues versus issues of public
5 health concern, and things like bruises and trim are
6 considered quality type issues.

7 That's really a very brief overview. Are
8 there any specific questions?

9 MS. CONTI: Kibbe Conti. Can I just
10 suggest that for the newbies here, that acronyms have
11 been used today. Can you explain to us? Because we
12 have a list, an eight page list. There's several
13 that you just used now that are not on it. For
14 example, CCPD, SSOP, NOIE which my friend explained.

15 DR. VETTER: I'm sorry. We have our own
16 language.

17 (Laughter).

18 DR. VETTER: CCP is critical control point,
19 and that's the end of the HACCP acronym, which is
20 HACCP, Hazard Analysis Critical Control Point. So
21 the CCP are those points in the process that an
22 establishment has deemed critical to controlling a

1 food safety hazard.

2 SSOP stands for Standard Sanitation
3 Operating Procedures, and those are the plant has to
4 have a SSOP in order to operate, that at least
5 describes what they're going to do daily as far as
6 cleaning and those types of procedures and how
7 they're going to monitor that and implement that
8 system, and that's also within their individual
9 SSOPs.

10 And then SPS is Sanitation Performance
11 Standards.

12 DR. HENRY: NOIE, notice of intent to
13 enforce.

14 DR. VETTER: And that's notice of intent to
15 enforce with prior notification.

16 MR. SCHAD: On notice of intent to enforce,
17 Dana, correct me if I'm wrong, I'm not sure there's
18 any set standard on why one is issued but on plants
19 that I've dealt with, they had like a positive for
20 some kind of pathogenic bacteria --

21 DR. VETTER: It depends. It's very
22 variable and Bryce may be able to add something to

1 this, and I think it has changed what rose to the
2 level of an NOIE, five or six years ago, that
3 perspective is different today. We really today are
4 trying to make determinations. Have we gone into an
5 establishment and found issues that would pose a
6 threat to public health, and if that is the case,
7 those things would result in either an NOIE or a
8 suspension.

9 Now the difference between a NOIE is that a
10 plant is going to get notification. We have found
11 these things, we expect a response, and typically
12 it's within three business days of how you plan to
13 address them and correct them and if you don't reply
14 to this, then we can suspend your operations or
15 withdraw inspection.

16 A suspension, an automatic suspension is we
17 found something so egregious that it's an immediate
18 threat to public health and we're going to
19 immediately suspend operations there.

20 In today's arena, in doing a food safety
21 assessment, the things that resulted in NOIEs, like I
22 said, are things that truly could impact public

1 health and have an impact on public health. And we
2 are really trying to be very rigid about getting
3 immediate responses back before we say this is okay
4 for you to go on and produce product.

5 MR. QUICK: I think more that our
6 regulations are changing. I think that's a very good
7 assessment of what we've done. We're trying to
8 become more uniform and consistent --

9 DR. VETTER: Exactly.

10 MR. QUICK: -- in the way we actually issue
11 NOIEs and do the food safety assessments.

12 DR. VETTER: Correct.

13 MR. QUICK: You heard about quantifying the
14 results of our assessments. That's our goals, to
15 make sure that we quantify end data so that we can
16 extract this data and then make informed decisions.
17 I think Dr. Vetter made a very good assessment.

18 MR. SCHAD: Going back to question 1, maybe
19 I'll ask it in this way. Are there any inspection
20 activities that we can say relate to microbial
21 contamination?

22 MS. TUCKER FOREMAN: Could I once again --

1 MR. SCHAD: Go right ahead, Carol.

2 MS. TUCKER FOREMAN: -- try to get a --

3 MR. SCHAD: I'm trying to get some
4 feedback.

5 MS. TUCKER FOREMAN: I know and let me give
6 you some feedback. This is Carol TUCKER FOREMAN with
7 Consumer Federation.

8 In the best of all possible worlds, the
9 best way to know what it is that makes -- how well
10 things are working is to have pathogen data on
11 products that come off the end of the line and
12 pathogen data on products that are in the
13 supermarket. If you could do that, if you could do
14 it for every piece of meat or poultry that comes off
15 the end of the line or goes out of the supermarket,
16 you would have the data then to know this, this is
17 the burden of pathogens in these products. It
18 wouldn't tell you what portion of the foodborne
19 illness it is, but you would at least know what your
20 bottom line is.

21 Then you can control for what you do in the
22 plant and decide, well, on these days we did this and

1 the burden went down and on these days we did that
2 and the burden didn't go down. Obviously with raw
3 product that would be influenced somewhat by the
4 quality of the incoming meat.

5 But it seems to me that the piece of
6 information that you ideally want to have is what is
7 the pathogen load because that's how you tell whether
8 what you're doing really makes any difference.

9 DR. HENRY: This is Craig Henry. I think
10 Carol has captured in essence and taken it to a
11 greater degree and that comes back to comments made
12 earlier. That's a little bit of again establishing
13 the baseline --

14 MS. TUCKER FOREMAN: Yes.

15 DR. HENRY: -- with no direct attribution
16 data or correlation to the illness which ideally
17 net/net at the end of the day, you can get all the
18 numbers, it doesn't make any difference if we haven't
19 reduced the foodborne illness.

20 And I think that the essence of the
21 question, I don't really think we're looking at a
22 correlation between FSIS inspection activities and

1 contamination rates. I think we're looking or need
2 to be looking ideally at the product type and the
3 processes you used within the facility that affect
4 the contamination with given pathogens of interest.
5 And when you really look at this, I'm not -- I know
6 that the Agency from prior meetings were very much
7 focused on trying to do some predictions, to try to
8 look at what the inspectors and whatever data they
9 have, might give them a crystal ball to try to head
10 off a potential recall. I would certainly submit and
11 advocate that since that was fathomed, we've come a
12 long way, and I have to again default to at least the
13 components that we now look under risk-based
14 inspection are by far, much more quantitative, much
15 more specific and much more predictive than
16 individual activities. I think the inspectors are
17 trying to do -- they're doing what is prescribed by
18 law, period, end of story. You're either in
19 compliance or you're out of compliance given the
20 regulation.

21 The inherent variability that exists within
22 that subpopulation, or within the total population of

1 inspection activities, either in total or broken down
2 into subparts, is going to be hugely variable.

3 Now how much funding, how many resources
4 the Agency wishes to spend to look for a correlation
5 that may or may not be predictive of what today would
6 only be a recall or enforcement action, remains to be
7 seen.

8 But I think that again we come back now and
9 really look at what Carol has aptly put, the inbound
10 load versus, if you will, the outbound, and when we
11 say outbound, you know, we can't test quality into
12 this. I mean we already know, trying to go through
13 and let's take the toughest example, let's look at
14 *Listeria*. You're looking at something, a 2 percent
15 infection rate or contamination rate. I mean, you
16 know, I don't think the Agency, I don't think the
17 Federal Government has got enough money to test all
18 of the products coming out on the ready-to-eat basis.

19 Our bigger challenge, I mean again I think
20 we have to acknowledge something here, the Agency is
21 very focused on ready-to-eat. If there's an
22 intervention in place, that's a process of control,

1 that is a CCP, and we have a task to try to meet that
2 burden. That's identified and that's through the
3 HACCP, hazard analysis, which is what we need to go
4 forward. I think the bigger challenge though that
5 we're back to is the inbound load on the raw product
6 that is either feeding a further process
7 establishment that has an intervention because,
8 depending on the intervention, you can overwhelm the
9 intervention.

10 But in this case, if we set that to the
11 side for the ready-to-eat product and again reflect
12 back on the slaughter of the raw product, we have a
13 bigger challenge. And that challenge is what should
14 we be looking for and to what degree? How many
15 resources do we spend? And whether the processes
16 and/or available interventions exist today to make
17 that change, to make that difference. The Agency and
18 I think all of the experts through elicitation and
19 otherwise, have already acknowledged the fact that
20 there's a given seasonality by any finished raw meat
21 and poultry product. It's a given. So there's going
22 to be a natural up and down. Mother Nature gives us

1 that whether we like it or not.

2 Can we implement an intervention that
3 stabilizes and gets that down to an acceptable level?
4 I think that's the challenge that lies before us.

5 MS. TUCKER FOREMAN: Craig, just to take
6 you back one step.

7 DR. HENRY: Sure.

8 MS. TUCKER FOREMAN: I think what we need
9 first is, in a short phrase, baseline data. We need
10 to know what's the load coming in and what's the load
11 going out. If you know those two things, then you
12 begin to know what interventions have worked but I'm
13 trying to get back to your 2003 NAS report where you
14 talked at great length about some of the problems
15 with getting this information but we don't have
16 baseline data right now that we can really start
17 from. We don't have current data on trim. We don't
18 have current baseline data on ground beef. We don't
19 have current baseline data on most ready to eat
20 products, do we? I don't think so.

21 DR. HENRY: Well, again we have to come
22 back and reflect now. Again we take a premise that

1 the products being produced are intended to be as
2 high quality as possible within the scope and purview
3 of the process. All of the data does exist for
4 quality control purposes within the facility. Does
5 FSIS have that within their database? No, not beyond
6 what they would automatically accumulate through PBIS
7 and verification testing.

8 Now, of course, that comes back to say is
9 there more needed than what we currently have to
10 exemplify the inbound load?

11 MS. TUCKER FOREMAN: Well, the verification
12 data, you know, again it just doesn't give you any
13 information about national prevalence.

14 DR. HENRY: National prevalence. Excuse
15 me. National prevalence or product prevalence.

16 MS. TUCKER FOREMAN: Product prevalence for
17 a particular product. National prevalence for a
18 particular product.

19 DR. HENRY: Why not?

20 MS. TUCKER FOREMAN: Because it only
21 reflects what's happened in one plant on one day.

22 DR. HENRY: But you've got that for every

1 day.

2 MS. TUCKER FOREMAN: FSIS doesn't have it
3 for every day. The baseline studies are what
4 provides exactly what it says. The baseline
5 information about what's the pathogen load on beef
6 and when it gets to the end of the line in the
7 slaughterhouse, I believe that's where the data was
8 collected. Is that where they're collected?

9 MR. QUICK: Yeah, I know that we have a
10 trim baseline underway and a ground turkey and ground
11 beef I believe but we don't have the baseline that
12 you're talking about at retail.

13 MS. TUCKER FOREMAN: Well, yeah, of course
14 not. And some of the baselines are real old. The
15 *Salmonella*, broiler *Salmonella* baseline goes back to
16 the beginning of HACCP. It's 11 years old. So it
17 seems to me that if you talk about what information
18 you need, what information we need, current baseline
19 data. So much has happened in the last 10 years that
20 has improved the quality, and when I say quality, I'm
21 talking microbe, microbiological quality of these, of
22 these products that we've got to have some correct --

1 unless you all behind me will tell me that you
2 already have that information. I don't know how you
3 begin to build what makes a difference until you know
4 what's there.

5 MR. SCHAD: Dana.

6 DR. VETTER: I was just going to say, Dana
7 Vetter, NAFV, that I also believe we just underwent a
8 baseline for turkey carcass -- , and I think they did
9 also another baseline study for chicken carcass
10 rinses as well recently. Now I don't know if that's
11 all been analyzed and put out at this point, but that
12 was very recently within the last year that we have
13 done that.

14 MS. TUCKER FOREMAN: I didn't know that it
15 was actually completed, and --

16 DR. VETTER: It hasn't been analyzed yet,
17 but --

18 MR. SCHAD: Excuse me. You all cannot talk
19 at the same time if we're going to have a clear
20 record.

21 MS. TUCKER FOREMAN: Okay.

22 DR. DICKSON: I'm not disagreeing with

1 anything that's been said up to this point. I think
2 there are some good ideas.

3 Looking at this question based on what's
4 currently available, and that's kind of the approach
5 I've taken to it, what we do have is *Salmonella*
6 compliance data, regulatory data that has been
7 collected by FSIS and if the analysis of NRs or
8 whatever you choose to look at were confined to a
9 specific plant during the time those *Salmonella*
10 samples were collected, that would reduce a lot of
11 the background -- that will simply say this is the
12 timeframe that we've collected the *Salmonella*
13 samples, this is the timeframe we're looking at, NRs
14 or failures in HACCP plans or sanitation failures,
15 but by confining it to that specific time period,
16 then you're not saying, well, we took a set of
17 samples here in January and we're going to look at
18 the entire year for that particular establishment.
19 It might make the analysis a little easier maybe, I
20 don't know.

21 MS. TUCKER FOREMAN: Let me ask Carol. You
22 would then like to limit the NRs to the same

1 timeframe, but then you just have the information for
2 that plant.

3 DR. DICKSON: Right. But if you do the
4 analysis for each establishment during the time
5 period that those *Salmonella* samples are being
6 collected, that may give you some insight.

7 MS. TUCKER FOREMAN: Going forward?
8 Starting now, going forward, because this may be an
9 easier thing than baselines.

10 MR. DICKSON: Right.

11 MS. TUCKER FOREMAN: If we wanted to take
12 the compliance data and I'm not qualified to say
13 this. I'm probing here. If you have the *Salmonella*
14 compliance data, for a plant and the NRs and you had
15 it for, you know, they only do this rarely, but if
16 you actually had compliance data over a period of "X"
17 number of days of the year so that you hit the
18 seasons, is that what you have?

19 MR. DICKSON: Then I think if you just --
20 if you could look at NRs, and this may be in the
21 database already, if you could look at NRs during the
22 same time period that the *Salmonella* samples were

1 collected, I just think from a data analysis
2 standpoint, that's going to make the analysis a
3 little simpler.

4 DR. CATLIN: This is Michelle Catlin. What
5 we actually did was we looked at the NRs -- we
6 matched everything up for the HACCP or whatever
7 activity was done and we matched that up to the date
8 the sample was taken. So we were pairing up the
9 data, each establishment's data by the date of the
10 verification -- and the date of the sample being
11 pulled. So we were trying to pair everything up on a
12 daily basis, for every establishment and then looking
13 at -- how they all looked.

14 DR. DICKSON: And if I can ask, are you
15 seeing any trends at all so far? You probably aren't
16 far enough into it.

17 DR. CATLIN: We aren't far along. It looks
18 like we might be able to, but we aren't far along to
19 tease out the data. As many of you know probably
20 know, some of the data is very complicated. So we
21 have to make sure that we're actually looking at the
22 right data in the right way and interpreting it

1 correctly. What we were doing was just trying to --

2 DR. DICKSON: And this may not be
3 specifically related to question number 1. Are you
4 currently serotyping all of the *Salmonella* that you
5 recover?

6 DR. VETTER: Yes, we are.

7 DR. DICKSON: I don't need the answer
8 today. I'm just asking for informational purposes.

9 MR. SCHAD: That's a yes?

10 DR. VETTER: Yes.

11 MR. SCHAD: We can't get a nod of the head
12 on the tape.

13 (Laughter.)

14 DR. VETTER: Dana Vetter, NAFV. I'll just
15 comment to that. The answer is yes. And we have
16 been at least over the last year and maybe sometime
17 before that, Bryce is looking confused over there,
18 but I can tell you from the results that we've
19 received that in Learn, at least for *Salmonella* sets,
20 and that's both whole carcass and ground, what we
21 currently are getting is it'll first come up positive
22 and usually we'll have a subgroup like it might be B,

1 C, L, D, and then later on we'll go back and we'll
2 see that that result has been amended. And for those
3 of you who don't know, Learn is our database for
4 laboratory results, FSIS' database for laboratory
5 results. And we'll see that it's been amended and
6 then that's where we'll have the serotype there. And
7 the plants have the capability of getting those
8 results as well, e-mailed to -- the registered
9 report, but typically we provide that to them as they
10 come in to us. But at least from what I'm seeing and
11 what we're actually doing, and at my duty station,
12 we're currently undergoing a ground *Salmonella* set
13 that we are serotyping all of the -- at least for
14 *Salmonella*.

15 DR. DICKSON: If I may add one more comment
16 here. Again, Jim Dickson. What are you doing with
17 that data? What kind of analyses are being currently
18 done with that data?

19 DR. CATLIN: The Data Analysis Group has
20 not started doing anything with that data yet. I do
21 not want to speak OPHS -- because I'm not sure what
22 they are doing.

1 MR. SCHAD: Jim, do you have some
2 suggestions or --

3 DR. DICKSON: Well, I'm again trying to use
4 the information that's available, and that's why I
5 was asking what information was available. You might
6 put serovar into the analysis mix just to see what
7 comes out either by species or by geographic region
8 or by season or something like that. I'm just trying
9 to see -- to me that first question is what can we do
10 with the information we have.

11 MR. SCHAD: You've got to help me out,
12 please help me out with what you just said.

13 DR. DICKSON: Okay. Well, again there's
14 many different types of *Salmonella* and as I said, my
15 read of the first question, and if I'm wrong, I'll be
16 the first to admit it, is what can we do with the
17 data that we have, and it seems as if, if we have
18 information on serovar, then that may provide some
19 insight as I said either by animal species or by
20 geographic region or season of the year. There maybe
21 something that can be teased out of that in data
22 analysis, and then I'm just strictly looking at data

1 that's currently available rather than saying let's
2 go out and change everything and do things different.
3 That's question 2.

4 But question 1 is what can we do with the
5 data that we have. I'm just trying to be sure that
6 we're getting the most out of the data that's
7 available before we move into what would we do
8 differently.

9 MR. SCHAD: So you're talking about types
10 of *Salmonella* by serotyping.

11 DR. DICKSON: Yes, sir. Which is something
12 which is currently being done. So that may be a data
13 resource that may not be fully tapped at this point
14 in time.

15 MR. SCHAD: And you're talking about
16 comparing it with seasons of the year and what were
17 some of the other things?

18 DR. DICKSON: Geographic region,
19 seasonality production, animal species. It just --
20 it may be a data source that is not fully being
21 exploited at this particular point in time.

22 (Laughter.)

1 DR. MURINDA: My contribution was
2 correlated to either actually. He's talking with --
3 Shelton Murinda. He's talking with relevance to the
4 different types of serovars for example with
5 *Salmonella*. It is also important to use other
6 methods that associate the different types of
7 *Salmonellas* that have been isolated in the various
8 environments using some of the methods they talked
9 about. You talk about -- PFGE. Is that the only
10 method you use?

11 DR. CATLIN: The serotyping is not the
12 PFGE. That's more subtyping.

13 DR. MURINDA: What I'm trying to link, the
14 serovars to -- I'm trying to link PFGE to subtyping.

15 DR. CATLIN: ARS is subtyping for PFGE, and
16 they're also doing some antimicrobial resistance,
17 microbial resistance information on it as well.

18 MR. SCHAD: Stan.

19 MR. STROMBERG: I would just like to make a
20 point. I think that trying to tie NRs to possible
21 pathogen presence would be awful difficult unless you
22 really get in and look at the specifics of the NR,

1 and I don't know whether you're looking at the NRs
2 just because they had a HACCP NR or whether they had
3 an SSOP NR but the fact that they had a HACCP NR or a
4 SSOP NR can cover so many different things that it
5 might or might not have anything to do with direct
6 product contamination. It may be a recordkeeping
7 situation. So if you're going to look at them, I
8 would just encourage you to -- you're going to have
9 to do more than just say we had a SSOP NR and we had
10 a positive *Salmonella* sample that day, does not
11 necessarily correlate other than the two happened the
12 same day unless you really get into the specifics of
13 what the NR was about and what the problem was on the
14 NR, and I don't know how you guys look at that but --

15 DR. CATLIN: Well, what we've done
16 initially is look at what the activity is, and the
17 likelihood of that activity being related to
18 *Salmonella* for example, and we kind of look just at,
19 on those products that we anticipate having
20 *Salmonella* in the first place, so that we're not sort
21 of fluttering down with non-relevant information. So
22 we did try to, a priority, choose those activities

1 for which a NR would be possibly related to
2 contamination. We didn't go in and look at the
3 detailed, handwritten information on every NR to see
4 exactly what was going on. We tried to choose those
5 ones that we thought would have some kind of
6 relationship.

7 MR. STROMBERG: If you don't do that,
8 you're probably not getting a true picture of what's
9 going on, and I think Dr. Vetter can attest to that,
10 you know, just because you've got that NR, there's an
11 awful lot of things that can fall under a HACCP NR or
12 a SSOP NR that could not be at all related to
13 anything that had to do with the presence of
14 pathogens. So --

15 MR. SCHAD: Stan Painter.

16 MR. PAINTER: Yeah, Stan Painter with
17 National Joint Council. I just want to say that
18 taking all, doing all your studies and all your
19 little databases and all of your little baseline
20 studies are worthless unless you have someone in the
21 field that is trained to do the tasks.

22 Let me give you an example of what I'm

1 talking about. Let me get on my soapbox here. In
2 1996, I was a GS-7. The G-8 was out, and my
3 supervisor handed me this package and said, here,
4 I've got to staff the plant, read this, and you and I
5 have to take a *Salmonella* sample. Okay. Well, that
6 was all the training she got. That was all the
7 training that I received. The Agency has gotten a
8 little better since that point in time in training
9 its employees and taking the samples.

10 You know, the samples will get to the lab
11 part of the time, and for whatever reason, there's
12 something that happened that the sample has to be
13 discarded. Well, the whole thing the Agency then
14 will do is, we'll discipline the employee that's
15 never been trained. You're going to have to train
16 your workforce. You're going to have to staff the
17 plants. The Agency is not only required, given the
18 right by law under the statute, under 7106, to hire,
19 fire, directly, layoff, you have a responsibility as
20 well as an Agency to hire, and you can't expect, as
21 Felicia said earlier, the machine to do what it's
22 supposed to if the machine's not there.

1 When you go into a plant and the Agency
2 said, and this is a direct quote, "go in the front
3 door, wave at them as you go through, and go out the
4 back door." That's worthless. That is worthless and
5 you don't have time to do what you're supposed to do
6 as far as SSOPs. You don't have time to go by NRs
7 because you don't have time to write a NR.

8 So you're going to have to as an Agency,
9 you're going to have to hire people. You're going to
10 have to train those people in order to put into
11 effect your baseline studies. All that's worthless.
12 That is worthless until you do what you need to do in
13 the field to implement but you don't. Thank you.

14 MS. TUCKER FOREMAN: Carol. Bryce and
15 Tony, everybody's now had at least one *Salmonella* set
16 done. Have all the plants had two?

17 MR. QUICK: July 1st they were supposed to
18 be done with their second.

19 MR. SCHAD: Are we talking about the
20 *Salmonella* verification.

21 MS. TUCKER FOREMAN: Yes.

22 MR. QUICK: We're supposed to get through

1 two in July.

2 MS. TUCKER FOREMAN: Through two --

3 MR. QUICK: We should be there now.

4 MS. TUCKER FOREMAN: -- in July. Should be
5 there. So we have some pretty new --

6 MR. QUICK: We've got some good data.

7 MS. TUCKER FOREMAN: -- *Salmonella*
8 verification data. So you might -- it might not be a
9 real big job to take a look at what the NRs were
10 during the period that that last set was being taken.
11 Has it taken a year to do that second set?

12 MR. QUICK: It's taken us maybe a little
13 longer than that.

14 MS. TUCKER FOREMAN: But that's for
15 everybody. There's three periods for each plant that
16 you could do what Jim's suggesting.

17 MR. QUICK: Yes.

18 MS. TUCKER FOREMAN: One of my concerns is,
19 and part of what Stan says in part, because we've had
20 some trouble with the *Salmonella* set methodology, I
21 think that it's worthwhile looking to see if the data
22 you have on hand's worth -- will get you what you

1 need or get you some semblance of what you need but
2 I'd hate to see a whole lot of time go by assuming
3 that it's what we need when you also have baseline
4 data going and they were devised really to do this
5 job. It's just that it's real old, some of it 10
6 years old. But now you're telling me that we've got
7 enough new data to be meaningful?

8 MR. QUICK: We think so. We think that --

9 MS. TUCKER FOREMAN: How long from being
10 published?

11 MR. QUICK: I don't have the exact answer,
12 but I anticipate very shortly because we promised
13 that we would consider -- with the *Salmonella*
14 incentive program, that we would post the names of
15 the plants and their percentages but at the same time
16 that we would look at the performance and make
17 decisions based on that. So --

18 MS. TUCKER FOREMAN: But I'm not looking --
19 here we're not talking about individual plants. What
20 we're looking for is nameless entities, so that you
21 know what is out there, as much as possible what's
22 out there across the country.

1 MR. QUICK: Well, I do think we plan on
2 aggregating it and giving you the overall trend that
3 we're seeing, based on whatever data we collected.

4 MS. TUCKER FOREMAN: And you would do that
5 by plant size, too, and seasonality and --

6 MR. QUICK: I don't know about seasonality.
7 I know by plant size. Carol.

8 DR. MACZKA: We can do that.

9 MR. QUICK: Is it by seasonality as well?

10 DR. MACZKA: And you're saying -- we can
11 comb through this data pretty quickly and then do a
12 sort by plant size, by seasonality.

13 MS. TUCKER FOREMAN: What's the point at
14 which the -- based on? Is that carcass?

15 DR. MACZKA: The beef trim?

16 MS. TUCKER FOREMAN: Beef trim, is there a
17 carcass --

18 DR. MACZKA: I'm --

19 DR. HENRY: There's carcass swabs.

20 DR. MURINDA: What's the question?

21 DR. HENRY: Carcass swab data and then
22 there's trim and then there's ground beef data, trim

1 being the newest.

2 MR. TYNAN: Craig, did you have something?

3 DR. HENRY: Yeah, I think we're down a
4 particular hole right now chasing a rabbit, and I'm
5 just going to come back in the interest of time
6 because we don't have all week to do this. It's
7 4:00.

8 Reading this document, it is very wide
9 ranged, its scope, and has no real breakout as I
10 stated before. It's talking about everything from
11 soup to nuts. It's talking about RTE. It's talking
12 about raw. And I think you've got to, you know, get
13 down to what are we going to answer, and let's get
14 back to question 1.

15 Question 1 just simply asks us, you know,
16 what analyses or approaches could be used to evaluate
17 FSIS activities relative to contamination rates and
18 regulated foods?

19 Well, that's pretty simple. You already
20 know what FSIS inspection activities are. PBIS. You
21 have whatever you have in the way of raw data and we
22 don't need to get into critiquing data that you do

1 have but you do have data, be it current as of this
2 year, it's no different than the one we've had for
3 the last 6, 8, 10 years. I mean it's the same
4 process. It's sets. How many plants we're getting
5 better at, blah, blah, blah.

6 Hopefully, they're collected in a manner
7 that are usable. If Mr. Painter is accurate in his
8 statement, then the date is not usable, is not
9 relevant because the training is not there and the
10 sampling is now in error. That would have to be
11 sorted out internally. We can't answer that
12 question.

13 However, relative to part 2, what are the
14 contamination rates in the finished food products
15 now? What are those products? If we're dealing with
16 the raw, whole carcass, that's one thing. Tell me
17 which product you're talking about. I don't know
18 from this. But that's kind of a jump all.

19 So if FSIS is saying they don't have enough
20 data in the finished products, that's one thing. But
21 how for you, you know, for us to tell you how to go
22 about doing correlation between the activities you

1 already have and the data you already have, unless
2 you're asking us to say specifically which activities
3 are most appropriate, that's too broad unless you get
4 down by plant, by process, by product. I can't
5 answer that question. It's just too broad in itself.
6 And *Salmonella* sets are in the statutes as they exist
7 today.

8 So, you know, it's just too broad. I don't
9 know how to get my hands around that animal. Stan.

10 MR. SCHAD: Yes, Stan.

11 MR. PAINTER: This is Stan Painter with the
12 National Joint Council. This is exactly what
13 happened in the last Subcommittee, exactly what was
14 just stated. And my recommendation to the group was
15 we didn't have enough information. You give the
16 group a subject and you say talk about it, but you
17 don't give all of the information, and then you want
18 a recommendation, and I would say, I would be very
19 cautious because if you give any kind of
20 recommendation, without all the pieces to the puzzle,
21 it could come back to bite you.

22 MR. SCHAD: Michelle.

1 DR. CATLIN: Actually what we're looking
2 for is actually what Dr. Henry alluded to was what
3 types of activities that our inspectors are doing
4 that we can possibly use to try to draw some of this
5 correlation.

6 As for the microbial contamination and
7 which products, it's going to vary product by
8 product, my thought on it, it will vary product by
9 product because there's only certain products that we
10 have certain microbial data associated with.

11 So it is sort of that question of what, you
12 know, many of you are familiar with the types of
13 information that we have and the data that we
14 collect, and of those data, are there data that would
15 be useful for drawing this correlation, more useful
16 or less useful and if you know any specifics about,
17 you know, which microbial contamination you would
18 think --

19 DR. HENRY: Go ahead.

20 MR. SCHAD: I was just going to say I hope
21 that we didn't just waste a bunch of time here.
22 That's why when I started out and the group wasn't

1 saying very much, that's why -- said, are there any
2 activities that are performed now -- and I was going
3 to try to, you know, because I'm getting all this
4 feedback. There's so many that doesn't work, the
5 data doesn't work.

6 DR. GRONDAHL: Andrea Grondahl. I would
7 like to say this as a little bit to what Stan touched
8 on earlier, and I think it's very important that you
9 not narrow the field to just looking at NRs. I think
10 you need to look at all inspection activities, all
11 and every inspection activities. And when you are
12 looking at things like NRs, you know, not only keep
13 in mind that there's so many different PBIS, if
14 you're looking at sanitation, there's so many
15 different NRs that can be written on one particular
16 code, and you need to look at the particulars of it,
17 and you need to go beyond that because there's so
18 much variability amongst the inspection staff. And
19 this is whether it's a state inspector, federal
20 inspector. You're going to have inspectors that are
21 very, very motivated, and they might write 10
22 sanitation NRs in 2 months, and you could have a

1 different inspector at that same plant write 1 NR.
2 You know, there's a lot of variability, and so you
3 need to be careful with that especially if you're
4 quantifying it, and just looking at, okay, this --
5 how many NRs were written, you know, looking at
6 things like food safety assessments.

7 Maybe even considering the possibility of
8 looking at in plant performance system. You know,
9 employee evaluations. Okay. Well, there weren't
10 many NRs written but was that because of compliance
11 problem with the plant or was it because of an
12 inspector maybe not being very motivated in writing
13 NRs.

14 MR. CORBO: Or not having an inspector.
15 Tony Corbo.

16 MS. TUCKER FOREMAN: This is Carol. Those
17 are absolutely all serious issues. Meat inspection
18 doesn't have very many objective measurements. The
19 only objective measurements they are known to have
20 are pathogen loads. If you define where those are,
21 then at least you've got, you know, if you define
22 places where you should know what the pathogen load

1 is, you at least have that piece of information. And
2 Stan says that may not be particularly good, but give
3 me a number of the microbial testing. That's the
4 only place you can get a number. Everything else has
5 the -- of a human being heavily on.

6 DR. VETTER: Just a couple -- I know that it
7 says, you know, linking a correlation analysis
8 between subsets of NRs and that's one example of
9 where FSIS inspection activities and microbial
10 contamination, and again, I think that's difficult to
11 point out without having attribution data, but I do
12 think that there might be another way of looking at
13 it because you can directly, I believe, look at FSIS
14 inspection activities and rates of noncompliance and
15 possibly predict risk to public health. Now maybe
16 not exactly microbial contamination but risk to
17 public health based on rates of noncompliances with
18 critical points in a system.

19 Do we have the capability to drill down now
20 to specific NRs given this example repeated but in
21 SSOP noncompliance that that correlates directly to a
22 *Listeria* control program? Not unless you've got

1 people sitting there and reading the body of the NR.
2 Maybe in the future, adding some capability to be
3 able to identify that this NR relates specifically to
4 a pathogen or it does not relate to a pathogen or a
5 pathogen control system, might be beneficial in the
6 future.

7 As far as what we have existing now and
8 also what goes, and I've mentioned this as well, but
9 a standard operating procedure for entering the data
10 would definitely make it more useful, reliable and
11 more predictive I guess when you're looking at
12 correlations because it is absolutely true. And I
13 know because there are inconsistencies between shifts
14 on how we enter the data. There are inconsistencies
15 between the plants. And some -- we have PHB teams
16 now and some of us are working through that to try
17 and become more consistent but, you know, in working
18 through that, there's even differences and
19 disagreements on how.

20 So if some of our superiors in management
21 could maybe come up with a way that they would like
22 to see the data entered in a consistent manner, that

1 might be helpful in the here and now and in the
2 future for the databases that we have.

3 MR. QUICK: If I could just -- Bryce Quick.
4 I think starting about two years ago, we had a NR
5 situation with SR -- and we, as a management team,
6 came up with a dropdown menu. That was I think one
7 of the first attempts to get a uniform and consistent
8 data gathering to where an inspector in Pennsylvania
9 was recording the same type of activity that was
10 happening in Texas. It's not perfect, but that's
11 pretty much -- that's what we're using as the model
12 for the redesign of PBIS in the future. I think
13 that's Carol and Dan and their groups are -- that's
14 really their challenge, is to get this uniform and
15 consistent across the country, so that what's
16 happening in one part is happening in another, and we
17 can actually say with confidence that we know what's
18 happening. It's an age-old problem, but it's
19 something that I think is central as Dana mentioned
20 to this whole data effort.

21 DR. HENRY: Craig Henry. I'd like to move
22 forward with this and make some recommendations so we

1 can get things going here a little bit.

2 I would recommend that FSIS at this
3 particular time attempt to correlate HACCP oriented
4 NRs being first choice, SSOPs being second choice, to
5 whatever microbial data they currently have on record
6 regardless of product line or product type. And I
7 don't have the exact detail but I know that FSIS has
8 already drilled down on NR categorization relative to
9 food safety risk, basis the risk-based inspection
10 components.

11 So I think it's there, you know, we hashed
12 this before but I would say if you want to know which
13 activities to go do, start with those that we know
14 are a direct failure, especially, go to the next
15 level, CCP failure, corrective action failure. I
16 mean go through the HACCP principles. If they failed
17 in that area, we probably got a big risk on our
18 hands, and there's probably some part of the process,
19 maybe some part of the process that has allowed a
20 greater contamination rate.

21 Carol's point, I'm kind of holding off
22 here. So I think I'd like to get to part 2, because

1 I think part 1 we've thrashed this one well beyond
2 necessity, but if you're going to go do it, just go
3 do it. You know, you've got the data. You've got
4 the activities. Whatever you're going to do with the
5 NRs, what Dana said is absolutely correct. We all
6 know. Stan Painter knows. That every NR is going to
7 have to be evaluated for its inherent value. Even
8 some of the NRs today that correlated 417, no matter
9 how you look at it, you know, aren't really a major
10 food safety risk, but are related back to HACCP.

11 So there's things that you're going to have
12 to do. You've got that information. Run with it. I
13 don't think we can tell you much more along that
14 line. So I'd like to make that recommendation and
15 see if we can --

16 MR. SCHAD: How does the Subcommittee feel
17 about his recommendations?

18 MS. TUCKER FOREMAN: I'm not sure I'm ready
19 to get onto it because I'm not confident that we're
20 not just chasing more time after something that so
21 far has not gotten us much. So let me hold. I don't
22 have an alternative right now.

1 MR. SCHAD: Okay. I think in the interest
2 of time, we need to move onto question 2.

3 MS. TUCKER FOREMAN: That's fine.

4 MR. SCHAD: Okay.

5 DR. DICKSON: I have one final comment on
6 question 1, is that with the correlation analysis
7 and, Carol, this may be what you're talking about,
8 you know, tell us two things. It first off tells how
9 much variability can be explained by NRs. It also
10 tells how much variability that cannot be explained
11 by some of these things. So we have to keep the
12 analysis in perspective. It's really telling us two
13 things there.

14 MS. TUCKER FOREMAN: You know, I have to
15 tell you that I've sat around and read hundreds of
16 pages of NRs over the years, and I would hate to ever
17 have to try to make a graph, a chart of what I read
18 because they are to me as individual as the plant and
19 the inspector --

20 UNIDENTIFIED SPEAKER: Absolutely.

21 MS. TUCKER FOREMAN: -- and coming up with
22 anything meaningful from vast numbers of NRs, as I

1 said, just my personal experience of reading them, I
2 came away thinking, oh, my God. At least it is --
3 let me clarify. It is my understanding that the
4 Agency has gone through and broken out what it now
5 defines as public health NRs.

6 UNIDENTIFIED SPEAKER: Yes.

7 MS. TUCKER FOREMAN: So, you know, that
8 would be my first problem with it taking that away.
9 Do you feel like --

10 DR. MACZKA: Yeah. We have gone a step
11 further with some of the *Salmonella* data. We did
12 look at a subset of the NRs that we feel are
13 *Salmonella* related, and then we compared those
14 subsets of NRs to the *Salmonella* data and although
15 Michelle doesn't want to put this on record yet,
16 because they haven't --

17 DR. CATLIN: Verified all the data and
18 everything.

19 DR. MACZKA: We are seeing a correlation.

20 MS. TUCKER FOREMAN: Tell me what, tell me
21 what a NR is that links to a *Salmonella*
22 contamination.

1 DR. CATLIN: I honestly can't remember off
2 the top of my head which ones it was because we had
3 someone else who was much more knowledgeable about
4 this stuff than I am, to go through the public health
5 ones and the ones she felt were public health
6 related. Some of them I know she was eliminating
7 were things that were specifically related to
8 *Listeria*. Some of the things were specifically
9 related to *Listeria*, so I she would eliminate that
10 because you wouldn't expect any correlation to
11 *Salmonella* on that. So that's one example of what
12 she was looking for.

13 MS. TUCKER FOREMAN: But you can't tell
14 me --

15 MR. SCHAD: Excuse me, Carol. I think
16 we're going to have to move on here.

17 MS. TUCKER FOREMAN: Well, let me just --
18 I'm just curious about what, what would get written
19 up in a NR that we would feel confident was related
20 to *Salmonella* contamination.

21 DR. CATLIN: Like I said, I can't remember
22 off the top of my head.

1 DR. MACZKA: We'd be happy to get you a
2 list.

3 MS. TUCKER FOREMAN: Okay. But we have to
4 do it so we can have some reference to it before we
5 make our recommendations. It's late in the afternoon
6 and not able to come up with an idea.

7 DR. CATLIN: We'll get --

8 MR. SCHAD: Well, think we need to move
9 onto question 2, or we'll never get done here.

10 DR. GRONDAHL: Mark.

11 MR. SCHAD: Yes.

12 DR. GRONDAHL: Andrea Grondahl here. I
13 just -- I agree with Craig's answer. I think that's
14 good but unless everyone else disagrees, I'd like to
15 add food safety assessments to that answer as one
16 inspection activity.

17 DR. VETTER: Dana Vetter, NAFV. I would
18 just add that especially once you get the
19 quantitative FSA data working, to correlate the two
20 are what the findings in the FSA, are they reflective
21 of those NRs in the plant or is there extraordinary
22 difference between the two. And they can both help

1 validate and verify one another, both sets of data to
2 do that. So not only that you take that data and
3 look at it and analyze it but also use it to compare
4 and see if it's consistent or not.

5 MR. SCHAD: Is anybody ready for question
6 2? We're only one third of the way done.

7 DR. HENRY: Okay. I'll start off on
8 question 2.

9 I think question 2 is where we have a real
10 opportunity to bridge back and get to the real issue
11 which is the food-related human illness. It says
12 what analyses or approaches would you propose to
13 determine the relationship between contamination
14 rates in regulated products to food health illness,
15 expert elicitation, risk assessment, et cetera?

16 This is where I'll go back now to where
17 Carol first started, and I think, and again, we're
18 going to have to -- this question again is too broad,
19 but we're going to focus I think on the raw side. I
20 think the RTE side is a relatively given.

21 But on the raw side, I would submit that a
22 process, this process here is a little backwards as

1 is laid out. A to B to C. C should be A. We need
2 to start from the issue not all of the wonderful
3 information that nature provides us from the plant,
4 from the farm. We need to start with what are the
5 target pathogens, and we're not talking about pluses
6 and minuses, which is essentially all that the Agency
7 has right now. They have a plus and a minus and
8 maybe they've got a serotype, maybe we don't. Maybe
9 we've got PFGE, maybe we don't.

10 We need to get to the crux of the matter
11 and identify to the best of our ability the
12 attribution data and the epidemiological data that
13 characterizes the foodborne illness tied to an FSIS-
14 regulated product. That now needs to be reflected
15 back through the process in a couple of ways.

16 One, if we're going to do anything to
17 enhance the microbial characterization of either the
18 inbound raw product or the outbound finished FSIS
19 inspected product, we need to look at enumeration.
20 We need to look at consistent serotyping. And then
21 we also need to address appropriate interventions.
22 Without that, all we can do is say, ho hum, that's

1 interesting. Look what Mother Nature gives us
2 because we're not changing anything and this needs to
3 be done in a discrete period of time.

4 Again, I concur with other comments made
5 here, information by plant, by product, by inspector,
6 is very specific and we have to look because that is
7 the process. It's not the U.S. process. It's not
8 the district process. It's not the region process.
9 It is the process that's being used by a given plant
10 to produce a finished product, whatever that may be.
11 That is the only thing that stands totally by itself,
12 and needs to be evaluated.

13 Now to do any of this, I would certainly
14 propose that the appropriate funding needs to be
15 levied and applied, one for CDC, at the state level
16 to get more attribution data rapidly acquired,
17 properly characterized and through the system of
18 which CDC has a huge bottleneck, a huge database that
19 has not been evaluated, that has not been
20 relinquished and put out, and it takes years for that
21 to happen. That's not going to help us with
22 evaluating real time, real world processing and/or

1 product production schemes.

2 Tied to that, let's get to the serotyping.
3 And I'll just ask the question quickly. Who does all
4 your serotyping?

5 DR. MACZKA: The serotyping is done by
6 FSIS.

7 DR. HENRY: No, the specific lab. Ames to
8 my understanding. Most all of it goes to Ames.

9 DR. BRESLER: The PFGE for raw is done by
10 ARS. The PFGE for ready-to-eat is done with FSIS in
11 the Eastern Lab.

12 MR. SCHAD: Okay. That's --

13 DR. BRESLER: This is Faye Bresler.

14 DR. HENRY: Craig Henry again. So the
15 point in question or the point to take, the funding
16 needs to include samples submitted, if we're going to
17 chase, you know, and try to address the problem with
18 specific pathogens, the funding needs to be broad
19 enough that plants who are going to supply data and
20 help get this process better characterized, that's
21 serotyping of those samples needs to be done through
22 the federal establishments so we don't worry about

1 accredited facilities, we get consistent results.

2 And the reason I put that forth is because
3 this is not just what would be schemed a huge plant,
4 one of the large plants. We've got to deal with the
5 small plants. If we look at a lot of the recalls, a
6 lot of the challenges that exist today, they
7 certainly can occur within the small as well as the
8 large, but the small plants and the very small plants
9 do not have the financial wherewithal to capture and
10 characterize their own serotyping data or their PFGE
11 data.

12 The other issue that comes back, the PFGE
13 data right now that we have is so narrow in scope
14 that it's very difficult to really reflect back and
15 say whether it's a really unique serotype or not,
16 PFGE pattern. Case of point, look at the *Lm* issue
17 from four years ago. And we're not too far off the
18 same mark with the cordon bleu from Minnesota that
19 happened just a year and a half ago.

20 But I think -- what I'm saying is we need
21 to have a focused approach that then takes us all the
22 way back so we can look at enumeration of the inbound

1 load, appropriate serotyping of the inbound load and
2 then as would be appropriate, whether there's enough
3 funding to look at finished product remains to be
4 seen because that's a huge challenge, based on the
5 incidence or whatever pathogen we're looking at. We
6 need to get the attribution data beefed up with the
7 foodborne illness.

8 Now taking that, if we're able to put that
9 in place which requires appropriate funding, the last
10 part of the puzzle, we haven't really changed
11 anything, we're just looking for correlation, we need
12 to take a very close look at what interventions do we
13 have on the livestock. It was brought up yesterday
14 by Dr. Goldman, much too most chagrin of people in
15 there, we have regulatory obstacles and barriers
16 right now for interventions that have been available
17 for almost 15 years, and case in point, probiotics
18 and by the way, it was developed by ARS.

19 Now we also have had similar interventions
20 such as inactivated vaccines that have met regulatory
21 barriers, which just recently have only been somewhat
22 relaxed. What is the point of that? Today if we

1 want to reduce the load or challenge to a finished
2 product going into the commercial channel, we need to
3 have better interventions. Those type of regulatory
4 barriers which have now prevailed for years and
5 decades, provide a disincentive for allied industry,
6 namely vaccine companies or other, to come up with
7 new interventions and to invest in that, and that's
8 their expertise.

9 So enough said. That's what I think we
10 need to get our hands around relative to question
11 number 2.

12 MR. SCHAD: Thank you, Craig.

13 DR. BRESLER: Faye Bresler. Just a
14 clarification, for serotype and PFGE information that
15 is for *Salmonella*.

16 DR. HENRY: Of course. This is Craig
17 Henry. But we have to bear in mind that we're not
18 dealing with only *Salmonella* here as we step through.

19 MR. SCHAD: I think, Craig, you hit on a
20 good approach. I'd like to hear what everybody
21 else's -- what somebody else has to say.

22 DR. DICKSON: I don't disagree with Craig's

1 saying. The only thing I would add to that is that
2 I'd like to see FSIS sample product at the retail
3 level.

4 MS. TUCKER FOREMAN: Yes.

5 DR. DICKSON: More sampling at the retail
6 level because that's what the consumers eat, and
7 perhaps there is a way of looking at that retail
8 product back to the processing plant further back
9 through the system, but the missing piece in a lot of
10 this is sampling at retail, what the consumers
11 actually get in the package.

12 MS. TUCKER FOREMAN: This is Carol. If you
13 have a sample at the end of the processing line and a
14 sample at retail, you really have something that is
15 important to protecting public health. I agree with
16 you there.

17 DR. VETTER: Dana Vetter, NAFV. And I may
18 be reaching too far here, but I know FSIS has a
19 liaison within CDC, who is an FSIS employee. Could
20 that liaison not be used to help gather attribution
21 data specific to FSIS products?

22 MR. QUICK: I think that's largely why

1 she's there now.

2 MS. TUCKER FOREMAN: Yeah.

3 MR. QUICK: This is Bryce.

4 MS. TUCKER FOREMAN: Their financial
5 capacity to do this work is much smaller than FSIS.

6 MR. QUICK: Barring, you know, the heavens
7 opening up and, you know, us having money dumped on
8 us, it would be difficult to do the retail sampling
9 that was suggested. I'm not opposed to that. I mean
10 it's a good recommendation but I think we've got to
11 figure out a way to do that within at least our
12 current budget situation here.

13 MR. SCHAD: Doesn't some local health
14 agencies do that sampling?

15 MR. QUICK: Some do and some don't.

16 MR. SCHAD: Tony.

17 MR. CORBO: Tony Corbo, Food and Water
18 Watch. Has anybody tried to quantify the amount of
19 money that would be needed to actually have an
20 attribution data system that would actually deliver
21 the --

22 MR. QUICK: We've had substantial

1 conversations. The attribution meeting a couple of
2 months go was a really good start. I think we had
3 all of the relevant agencies at the table. I think
4 the estimates ranged from \$10 million to \$150 million
5 depending on where you're focusing but it does
6 require a substantial sum of not just resources,
7 dollars but like you said, the local input. That's
8 where the attribution of data would be collected.
9 You've got to have that cooperative partnership.

10 MR. CORBO: The Agency has been asked by
11 the Hill repeated, Chris Waldrop brought it up in his
12 presentation, and, you know, you see the mouth moving
13 but I don't know what's coming out, and the thing is
14 that if -- you know, the question may be asked of the
15 wrong agency in terms of trying to deal with it.

16 MR. QUICK: And I think where you're going,
17 CDC is the most relevant player, that I that's where
18 we've got to get that answer, but I think we could do
19 it with a limited amount of money for the product
20 that we regulate now, and we would do it at retail,
21 we would do sampling, attribution sampling there but
22 we would have to do as Carol suggested, some type of

1 a baseline.

2 MS. TUCKER FOREMAN: FSIS, it was certainly
3 not -- Carol again. It's not a random sample, but
4 FSIS from the time it started testing for *E. coli* did
5 -- samples at retail from '96 or '95 until 2004, 5.
6 And it learned something. In the process you have a
7 lot of recalls. So that created the regulatory
8 kickback. Why not grab it before it has to be
9 recalled? But you need to have -- for research
10 purposes, you need to know, is your regulatory system
11 good enough to have it go out the door at this level
12 and is it being undone somehow between the door of
13 the processing plant and the retail store.

14 MR. SCHAD: Because it's like distribution
15 for one thing.

16 MS. TUCKER FOREMAN: And if your purpose is
17 to protect public health and not, you know, and have
18 the data that you need to protect public health,
19 you've just got to have that information.

20 MR. QUICK: And if I could say this, Bryce
21 again, this is a debate that we are having internally
22 at FSIS. I think this is a very healthy

1 conversation. How would we do it and what type of
2 resources should we direct at retail particularly
3 with respect to attribution.

4 DR. HENRY: Did you get to speak, Tony?

5 MR. CORBO: I just did.

6 DR. HENRY: I thought you were rolling back.

7 MR. CORBO: No, no.

8 DR. HENRY: Certainly, you know, again
9 we're in a little bit of a mixed bag depending on how
10 you look at it. Certainly the retail level, you
11 know, NFPA in conjunction with other teams but, you
12 know, we ran the first widespread *Lm* retail data test
13 and then Tennessee and the rest of the National Food
14 Safety Group just ran the second one, retail product,
15 different issue.

16 I would caution, at the retail level
17 relative to raw, let me just play out a little
18 scenario for you. It's interesting to see what's
19 happening, however, let's look at it -- I'm going to
20 go tell my mom who's 90 what to go buy. Now if we
21 start gathering this data the question is does it
22 become public and what do we convey to the consumer

1 on a raw product because raw is going to have some
2 level of pathogens one way or the other. Now the
3 question is, what level should I buy and I don't care
4 who is running any process, especially in the raw
5 level, the variation is inherent, day-to-day. None
6 of us in this room, individually can cut or peel an
7 apple the same way two times in a row. Some are a
8 little wider, some a little shorter, got a little
9 more meat, a little less meat, you have a challenge.

10 So think about, okay, if we find out what
11 the numbers are, and I'm just saying, yeah, it would
12 be interesting if we keep it in house, but for the
13 consumer's perspective, well, mom, you know, I just
14 looked at the latest data on the FSIS website, and
15 Tyson for product 214 had the lowest level of
16 *Salmonella* but *Campylobacter* numbers were up. Now
17 you ought to buy that because the rest of them are
18 higher.

19 Next week she goes to the store, and I'm
20 going to turn around and say, oh, can't buy Tyson
21 from 214. You've got to go to Pilgrim's Pride
22 because they got the lower numbers. And so item for

1 item. It gets to be completely unmanageable, and I
2 still think that even as we go through this, we're
3 still needing to go back, if I could say, mom, we're
4 seeing a real increase in *Salmonella* Heidelberg and
5 it is coming through to the consumer and it's a major
6 issue, and it's coming through from a particular part
7 of the country that we can't control, if you buy
8 this, make sure you cook it right.

9 MS. TUCKER FOREMAN: Let me comment on,
10 Craig -- it's Carol. Because again I'm trying to
11 separate out a regulatory action right now and I know
12 it's hard for you to do that because you're the
13 subject of the regulation. I'm trying to get some
14 research information, some data that would not be,
15 I'm assuming that all of this would be aggregated
16 data, and FSIS has aggregated data for years so we
17 can have some notion of what's there and so that
18 we've got a base to work from. The baseline data
19 can't trace back to individual plants. And you're
20 not talking about tracing any of this back to an
21 individual plant or individual store.

22 But if you don't have some notion of what's

1 coming out, I keep going back to this, we don't know
2 what works or what to do. And I'm going to say it
3 now because I really -- I'm not comfortable relying
4 on the *Salmonella* verification samples for very much
5 because or anything, because -- it looked like a
6 terrific step forward when they started 10 years ago,
7 and nothing's been updated since then, and there's
8 been a lot of problems with the administration of it,
9 the taking of the samples, and I just don't know that
10 it means anything.

11 MR. SCHAD: Dana.

12 DR. VETTER: I was just going to comment
13 that I think that retail data would be useful but I
14 think you need to keep in mind that there are also
15 variables on that end between the time that it left
16 the plant and the time and the time that it's sitting
17 out there in the cooler in the store. How is it
18 stored in the retail establishment? How is it
19 transported? And what I'm getting at is that not
20 that sampling in retail establishment would not be
21 good, but that if you could even expand upon that and
22 pair it with end of the line products before it left

1 that establishment and then those same products,
2 maybe even from that same establishment, in the
3 retail store, that that might give you an even
4 broader picture of what the consumers are purchasing
5 and where those problems might be occurring. And if
6 it is, you know, effective in between.

7 MS. TUCKER FOREMAN: One of the things I'd
8 like to have there is if it leaves the Tyson plant on
9 "X" day, I'd like to have that day's production
10 picked up anonymously at a supermarket three days
11 later, four days later, and FSIS doesn't regulate
12 anything after it leaves the Tyson plant. But if you
13 want to talk about protecting public health, we have
14 to know, is the problem at the Tyson plant or is the
15 problem after that? What happens after that? It
16 used to be I think perhaps more than it is right now
17 because we know there was a lot of unrefrigerated
18 chicken at one point.

19 DR. HENRY: Mark, if I may.

20 MR. SCHAD: Yes.

21 DR. HENRY: And I'm with you. I think we
22 can actually do better than that, Carol.

1 MS. TUCKER FOREMAN: Okay.

2 DR. HENRY: Whatever we found at retail
3 still at this particular time actually comes back and
4 says, well, FSIS allowed it to happen and again we're
5 back to risk assessment to say what happened. What
6 happened? You know, which serotype, whatever.

7 I still think if we're going to make a
8 difference in actuality, we have to get back down to
9 the plant. I don't think that it can be shotgunned
10 with aggregate data because we haven't dealt with an
11 intervention yet at the raw level. We're just saying
12 this process passes through the performance standards
13 which I concur with you, up to now, hey, it was all
14 done for the best intention. I think you were on
15 board at that point in time, at least my plants were.
16 You were in FSIS at that point.

17 MS. TUCKER FOREMAN: No, but I was for it.

18 DR. HENRY: Okay. But I mean we went
19 through with that process and we've done the best we
20 can. Net/net after this many years, we still are not
21 consistently impacting foodborne illness with
22 whatever is the appropriate attributable cause, and

1 the issue back to the state is really the paramount,
2 trying to get help at CDC with your guys. That's not
3 where the issue is. If anybody came to the
4 attribution meeting and heard, and I've got a saying,
5 the veterinarian from Tennessee, actually it was an
6 M.D., if you heard him speak, the problem is getting
7 the data from the guy or lady who's sick that walks
8 into the hospital that we can't capture the
9 epidemiological questionnaire information from.

10 MS. TUCKER FOREMAN: Yeah.

11 DR. HENRY: But again, you know, whether
12 you get 1 out of 5, 1 out of 10, 1 out of 100, right
13 now if we could capture even 1 more or 2 more, we'd
14 get a better idea of really where the problem is and
15 whether it's attributable to a given particular
16 product type and/or ultimately to a particular plant.

17 Now getting back, Carol, I think that's
18 where we really want to look for, okay, what is the
19 process, what is the intervention that's going to
20 change the load going out? You know, a dozen NRs,
21 you know, that's a process failure in the general
22 sense relative to the statute, not relative to the

1 intervention. If we have a CCP, if we know there's
2 an intervention, let's take one, let's take a simple
3 one.

4 Suppose we went through and had
5 irradiation. Suppose, not saying we're going to do
6 that, we don't -- but if we had irradiation there,
7 and we know there was a certain level of
8 pasteurization or sterilization, and the product's
9 coming out positive, boom. We've got a smoking gun.
10 We don't even have to go to retail. We've got that
11 at plant level. That's where the focus needs to be
12 but we've got to make sure we've got our eye on the
13 bouncing ball especially with *Salmonella* because I
14 repeat again, Mother Nature will change that process
15 for us whether we like it or not, the serotype
16 changes.

17 MS. TUCKER FOREMAN: I just want the basic
18 data first. I can't -- I find it hard to justify
19 taking this step until I know what the number is that
20 you're starting with and then you can go apply the
21 interventions and see what lowers --

22 DR. HENRY: But bear in mind now, just to

1 be fair, between the point -- the end of the
2 intervention and downstream, no one's got control of
3 that, and I can tell you, I mean I've wanted, I have
4 followed trucks to plants. I've followed the
5 delivery of the product.

6 MS. TUCKER FOREMAN: The intervention gets
7 you out the doors of the packing plant. The
8 intervention may or may not influence what's in the
9 retail store. If you intervened up line, you know,
10 if you have the carcass, steam vacuum, the rinse and
11 all the other things in the slaughter house, then
12 you've got a low load on the ground beef that goes
13 out, as long as it wasn't mixed in with some trim
14 that wasn't tested, and the chances are, I think,
15 that you're going to have a product with less of a
16 load at the retail store. I'd sure as hell like to
17 know if I'm wrong.

18 DR. HENRY: Craig Henry again. Now and
19 concur, again let's, we're going to have to get back
20 down to dollars. Again it's a matter of time as to
21 how much, yeah, it would be great, we can go do that,
22 and I certainly advocate that on an aggregate basis

1 that we don't, you know, get the public all shaken
2 apart, you know, depending on how the data's managed.
3 But ideally we could go out and do that, if FSIS has
4 the money and the budget, go out and do some raw
5 evaluations, they're certainly going to be helpful.
6 Again, it's establishing a baseline at the retail
7 level, which has to stand independent of everything
8 else. Whether we can reflect back, correlate back or
9 anything else to the plant remains to be seen.

10 I still think for this Committee, for what
11 we're trying to do, the Subcommittee, answering
12 question 2, we need to be very focused on funding at
13 the appropriate places, serotype identification,
14 attribution data and then the tracking and
15 enumeration that starts from the plant moving forward
16 and get away from the shotgun approach.

17 MS. TUCKER FOREMAN: What's the shotgun
18 approach?

19 DR. HENRY: What we're currently doing.

20 MR. SCHAD: Jim.

21 DR. DICKSON: I'd like to comment on this.

22 I would still, and I realize there's lots of

1 technical barriers here, financing and everything
2 else, but the consumer buys at retail. They don't
3 buy coming out of the chiller or the chill tank.
4 They buy retail. There's a lot of variability that
5 happens but the product that the consumer is buying,
6 the consumer is seeing the USDA inspection label on
7 it, and they're buying it at their local supermarket,
8 we need to know what they're buying.

9 DR. HENRY: They need to know?

10 DR. DICKSON: They need to know.

11 DR. HENRY: I think we concur on that.

12 MS. TUCKER FOREMAN: You don't have any
13 disagreement.

14 DR. HENRY: No, you don't have any
15 disagreement but again it's for scientific purposes.

16 DR. DICKSON: Right, right.

17 DR. HENRY: It's not for consumers to make
18 decisions.

19 MS. TUCKER FOREMAN: It's not for
20 regulatory.

21 MR. SCHAD: Excuse me. You're all talking
22 at the same time again.

1 DR. DICKSON: But the message to consumers
2 is still the same because right now we tell them to
3 cook it because we don't have any idea what's on
4 there. So the message to consumers doesn't change.
5 But we need to know what the consumer's buying.

6 MS. TUCKER FOREMAN: I would not change the
7 message to cook it well done ever.

8 DR. HENRY: This is Craig Henry. If I had
9 my choice, those buying risky products should be
10 licensed to do so.

11 (Laughter.)

12 DR. VETTER: This may not have any
13 substance, but on that note, how many people here use
14 a thermometer when they cook their meat?

15 DR. MURINDA: The last component of that
16 second question with regards to food related illness,
17 I think we're basically talking about the approaches
18 that we are going to be using to get the information
19 on the microbiologics. So how do we get information
20 on food related human illness? We are mostly dealing
21 with food products here.

22 DR. HENRY: This is Craig Henry. The

1 funding has to be there to get the attribution data
2 enhanced from a state and federal CDC level, to make
3 sure we understand what is causing the foodborne
4 illness so that we know what the correct pathogen is
5 which then would relate backwards to the plant.

6 MS. TUCKER FOREMAN: Let me follow up on
7 what Craig just said. I think that's a good point,
8 and I think it would be helpful if maybe overnight we
9 could get a couple of the lines from the food
10 attribution meeting where there were some comments
11 toward the end of the meeting about the lack of
12 resources across the boards, CDC, FDA, FSIS. FSIS
13 alone can't do this, and I think it would be good if
14 our report said, if you want to advance, if you want
15 to reduce foodborne illness, you're going to have to
16 have increased resources for the CDC to do food
17 attribution research, to get that instrument, and
18 that means they have to be able to go out to the
19 states in those cases, and for the FDA and for FSIS,
20 anyone of them working separately is not going to
21 come up with something, while it may be useful, but
22 won't be as helpful as it would be if we had a

1 coordinated effort. And they do seem all sold now on
2 the need to do it.

3 DR. MURINDA: It does appear like CDC has
4 quite a massive data save on their PulseNet program,
5 that some of that information is directly correlated
6 to human illness.

7 MS. TUCKER FOREMAN: And they have two
8 people trying to get it out of PulseNet and into
9 useable form is one of the things we learned at that
10 meeting a few months back. And if the second person
11 has to go off and work on SARS or something else,
12 everything stops. They're sitting on what is
13 probably a lot of really good information, not
14 enough, because they don't ask for food specific
15 information. They ask for pathogens. So this is the
16 basic problem. They ask only for pathogen specific
17 information. Nothing in their inquiry says and what
18 food did you eat that you might have gotten it from,
19 and they have to change their database to do that.

20 DR. HENRY: This is Craig Henry. Just to
21 qualify, because of the recent recall we're going
22 through, I know that there's in depth information

1 that was brought through with the Castleberry recall.
2 They are asking very specific food information in
3 that guise, and that's still CDC involved anyway.
4 But I totally concur that the funding and the effort
5 has to be joint with equal responsibility for
6 delivery. It can't be, oh, I'll get to my part but
7 I'm going to change it two or three years later. If
8 we're going to go fix the problem, everyone has got
9 their head on the same chopping block, and everybody
10 better be able to deliver and when we go do this, we
11 need lots of fingerprints.

12 MR. SCHAD: Name off those entities for me
13 again.

14 DR. HENRY: Well, in this case, all the
15 federal agencies and the appropriate state agencies
16 need to be engaged. So that's USDA, certainly CDC,
17 and the State Departments of Agriculture or Health.

18 UNIDENTIFIED SPEAKER: FDA.

19 DR. HENRY: Pardon me.

20 UNIDENTIFIED SPEAKER: FDA.

21 DR. HENRY: Well, and FDA where they fit
22 into the puzzle which right now they would engage for

1 those that are at the retail level. Certainly,
2 they're the big players. And ultimately we also have
3 APHIS and CBM involved in this relative to the
4 regulatory barriers that we're still incurring for
5 the intervention because we're not getting anything
6 done unless we have recognized interventions to
7 change the numbers. Because we'll chase these
8 numbers, we'll all be dead and gone and we'll still
9 be chasing the same numbers because they're going to
10 go up and down because Mother Nature changes it and
11 the process is variable.

12 MS. TUCKER FOREMAN: I'm okay and in fact
13 would favor that if we could just have the research
14 and the interventions mentioned separately because I
15 don't want to bring in APHIS and CBM into the data
16 gathering. So we just need to --

17 DR. HENRY: APHIS and CBM as is relevant to
18 the intervention.

19 MS. TUCKER FOREMAN: Right. Yeah, okay.
20 Exactly that.

21 DR. HENRY: Yeah, and I know Mark's caught
22 that.

1 MR. SCHAD: Yeah, you've got to help me out
2 on that, on the research part of it, Carol. You seem
3 to want to keep the research.

4 MS. TUCKER FOREMAN: Well, the data
5 collection versus the intervention is the way -- CDC,
6 FDA and FSIS are the data collecting agencies here.
7 APHIS and CBM are -- and sometimes FSIS, are the ones
8 that get in the way of using new interventions.

9 MR. SCHAD: Okay. Right.

10 DR. HENRY: Are we all straight on that?

11 DR. VETTER: I would just add, the recent
12 chili recall, that is where all of the agencies have
13 worked together to go out and do recall effectiveness
14 checks. They started with a blitz, where we just
15 randomly went out and looked, and then we went into
16 specific establishments on consignee lists but we not
17 only when we went out were looking at USDA products,
18 but also FDA products. So that might be used --

19 UNIDENTIFIED SPEAKER: --

20 DR. VETTER: Exactly, to build upon the
21 cooperation that has occurred between CDC, FDA and
22 FSIS in that particular situation, to build upon that

1 in collecting this data.

2 MS. TUCKER FOREMAN: This is Carol. I
3 thought I heard at the food attribution meeting real
4 appeals from CDC and the help they need to look for
5 more data and be able to download the data, get it
6 out, that they have. You all can continue --

7 DR. MACZKA: I --

8 MS. TUCKER FOREMAN: I hope so because MOUS
9 are generally as good as Confederate money, but I
10 think, you all have such good intentions that this
11 one's finally got somewhere today.

12 DR. MACZKA: We have a database manager
13 down there and an analyst down there at CDC. So that
14 plan is underway, and so I think we're working in the
15 right direction.

16 MS. TUCKER FOREMAN: Do we need to mention
17 some of those things in our Subcommittee report, that
18 these or just generally say that there are some
19 detailed steps going on interagency right now that
20 may help move some of this forward.

21 MR. SCHAD: I was -- Carol. Let's make
22 that statement and just give a couple of examples.

1 MS. TUCKER FOREMAN: Good examples.

2 MR. SCHAD: Because some people say, you
3 know, tomorrow morning, they'll say --

4 MS. TUCKER FOREMAN: What are you talking
5 about? Yes. It sounds good.

6 MR. SCHAD: Can you help me out with that
7 statement, Carol.

8 MS. TUCKER FOREMAN: My brain turns off at
9 5:00.

10 (Laughter.)

11 DR. HENRY: You've got a couple of minutes.

12 MR. SCHAD: FSIS is currently doing
13 internally some --

14 MS. TUCKER FOREMAN: They'll help us back
15 here. There are coordinating projects underway with
16 the CDC and FDA.

17 DR. MACZKA: And ARS.

18 MS. TUCKER FOREMAN: And ARS. Of course, I
19 always like to throw in the line that says FSIS needs
20 some research money of its own to apply to the
21 specific regulatory needs that it has. FSIS doesn't
22 get any money to do research. It has to rely on ARS

1 and that's another barrier getting these things done.

2 MR. SCHAD: What I was thinking right now,
3 what we've got so far, we'll print that out and take
4 a look at it right now, would we be able to do that,
5 since we've been talking here almost two hours and --

6 MS. TUCKER FOREMAN: Sure.

7 DR. HENRY: Yes.

8 MR. SCHAD: We've got to see what we've got
9 done.

10 DR. HENRY: See how close we are because
11 we're not going to have much time tomorrow.

12 MS. TUCKER FOREMAN: Read it now and polish
13 it up in the morning.

14 (Whereupon, at 4:51 p.m., the meeting was
15 concluded.)

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1 C E R T I F I C A T E

2 This is to certify that the attached proceedings
3 in the matter of:

4 NATIONAL ADVISORY COMMITTEE ON

5 MEAT AND POULTRY INSPECTION

6 SUBCOMMITTEE 1

7 LINKING FSIS ACTIVITIES TO ITS

8 PUBLIC HEALTH GOALS

9 Arlington, Virginia

10 August 8, 2007

11 were held as herein appears, and that this is the
12 original transcription thereof for the files of the
13 United States Department of Agriculture, Food Safety
14 and Inspection Service.

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17 _____
VICTOR LINDSAY, Reporter

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